



REQUEST FOR PUBLIC RECORDS

RECEIVED

AUG 02 2018

MARYSVILLE CITY CLERK

Name of Requestor: Walter Biller

Address: 16713 134th st ne City: Arlington State: WA Zip: 98223

Phone: 425-422-3942 Email Address: zigster69@msn.com

Location/Department of Record (If Known): Unknown

Title and Approximate Date of Record: 2018

Case/Record/Parcel # (If Known): Unknown

Please describe the records you are requesting and any additional information that will help us locate them for you as quickly as possible. Failure to provide sufficient information to identify the records may cause delay in processing your request.
I would like the records for the cost of all the hanging plant baskets in downtown Marysville and the cost to maintain them.

If I request copies to be made, I understand there is a charge of \$.15 for single-sided copies on 8.5 x 11 or 8.5 x 14 paper. Other sized copies, maps and media are priced at actual cost incurred by the City. The cost for mailing will also be charged to the requestor. For large or costly requests, a deposit may be required in advance. ****If requesting Police Records, please send directly to the Police Department at 1635 Grove St. Marysville WA 98270 or fax to 360-659-7667****

- ☐ I wish to have copies of the records indicated above provided and will pick them up, reproduction fee will apply.
☐ I wish to have copies of the records indicated above provided and mailed to me, reproduction and postage fee will apply (prepayment may be required).
☒ I wish to make an appointment to review the records indicated above before copies are made.

I realize that requesting records and not paying for the associated costs may mean that I must pay for them before the next request will be released.

I understand that secondary dissemination of this information is prohibited unless in compliance with RCW 10.97 and RCW 43.56. Additionally, I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes per RCW 42.56.070(9).

X Signature:  Date: 07/30/2018

For Office Use Only

Received by: _____ Date: _____ Tracking #: _____

Request Received Via: ☐ Phone ☐ Fax ☐ In Person ☐ Letter ☐ E-mail

5 Day Letter Sent: _____ Notification Letter Sent: _____

Date Request Completed: _____ Processed by: _____ Time Spent: _____

Fee: _____ Receipt Number: _____

City of Marysville City Clerk Division, 1049 State Ave, Marysville, WA 98270
Ph: 360-363-8000, Fax: 360-363-8042

Print Form